

Payment Amount \$ _____
Form of Payment _____

OMDR ID # _____

James Walker PTA Membership Form (OMDR Based)

Individual Member Contact Information (\$5.00):

Prefix: Dr. Mr. Mrs. Miss Ms. None

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip/PC _____

Primary Telephone: _____ Type: Home Cell Work

Secondary Telephone: _____ Type: Home Cell Work

E-mail Address: _____

Child Information:

Child's Name _____ Child's Teachers Name _____

Child's Name _____ Child's Teachers Name _____

Child's Name _____ Child's Teachers Name _____

Child's Name _____ Child's Teachers Name _____

Business Member Contact Information (\$15.00):

Company Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip/PC _____

Company Telephone: _____

E-mail Address: _____

Would you like to volunteer: _____

Would you like to be a Room Liaison: _____